## ENVIRONMENTAL PROTECTION AGENCY . STATE OF ILLINOIS



William L. Blaser, Director • Richard B. Ogilvie, Governor

#### APPLICATION FOR PERMIT

TO DEVELOP AND OPERATE

#### A SOLID WASTE MANAGEMENT SITE FOR

HETEROGENEOUS CONSTRUCTION AND DEMOLITION WASTES

IN ACCORDANCE WITH THE ENVIRONMENTAL PROTECTION ACT

All information submitted as part of the Application is available to the public except when specifically designated by the Applicant to be treated confidentially as regarding a trade secret or secret process in accordance with Section 7(a) of the Environmental Protection Act.

#### APPLICATION MUST BE SUBMITTED IN DUPLICATE

Coun	ty - Land Pollution Control (HC&D)
	/
Application Received:	Permit Number
Review by: Geol.() Engr.() Op.()	L.P.C. Region
Date:	Plan File Ref:
Letter Attached:	Permit: Granted Denied
Notice to:	Date: Duration of:
÷ .	Type of Solid Waste Site:  ( ) Construction Type ( ) Demolition Type

D & N Trucking, Inc.

(Person responsible for operation)

1. Name of Applicant

EPA Region 5 Records Ctr.

٠.•	Address of Applicant		Roy or P D #)	
		(Street, P. O.	BOX, OL K. R. #)	
		Oswego,	Illinois	60543
		(City)	(State)	(Zip Code)
		Telephone: 312	896-0586	•
		(Area Co	de) (Number)	
3.	Name of Land Owner	Rose K. Phillip	3	·
	<del>-</del>	(If same as above,	so indicate)	
4.	Address of Land Owne	Route 1, Box 1	29	
		(Street, P. O.	Box, or R. R. #)	
		Oswego,	Illinois	60543
		(City)	(State)	(Zip Code)
5.	Name of Site	D & N Trucking,	Inc.	
6.	Address of Site	U.S. Route 30 6	Albright Road	•
•		(Street, P. O.	Box, or R. R. #)	
		Montgomery	Illinois	60538
		City)	(State)	(Zip Code)
7.	Land Ownership (Check	<b>Kane</b> c Applicable Boxes)	County Auror	Township
7.	( ) Presently Owned & ( ) To be Purchased & Operated By: Ill. Co	oy Applicable Boxes)  oy Applicant ()  oy Applicant ( <b>x</b> )	To be Leased by App.  Years of Leased Termination Date of the Covernors ( ) Governors ( ) Covernors	licant for Years ease Remaining; Lease 9/19/75
	( ) Presently Owned & ( ) To be Purchased & Operated By: Ill. Co	oy Applicable Boxes)  oy Applicant ()  oy Applicant (X)  orporation (X) Paradividual () Oth	To be Leased by App.  Years of Leased by App.  Termination Date of thership ( ) Government ( )	licant for Years ease Remaining; Lease 9/19/75
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Ε

		eck applicable boxes w te.	hich describe	the use of a	djacent propert	ies surrounding
	a. b. c. d.	Residential North () East () South (X) West ()	Commercial ( ) ( x) ( ) ( )	Industrial (x) ( ) ( ) ( )	Agricultural (x) ( ) ( ) ( )	Other* ( ) ( ) ( ) ( )
	* 9	SPECIFY USE CLASSIFICA	TION			
13.	a.	Are there any permitments or restriction county health department	s by any munic	cipality, plan	nning commission	n, county,
		( <b>x</b> ) Yes ( ) No	If Yes	, list below		
		Kane County Bui	lding and Zon	lng:Permit		
	b.	Have these requirement or governing body ha			ons been approve ) Yes ( )	
	с.	If the answer to (b)	is yes, inclu	ıde photocopie	es of supporting	g documents.
LOCA	TICN	ī				,
14.	Att ran	ach a copy of the Uni	ted States Geo nich contains	ologic Survey the site.(7.5	(U.S.G.S.) topo 5 minute quadran	ographic quad- ngle, if publishe
		igic map of the area wi				
	Qua	drangle Map Provided:				54
	Qua	•		South (7.5°) Name)		
15.	-	•	(1)	Vame)		<b>54</b> (Date)
15.	а.	odrangle Map Provided:  Outline on the U.S.G	(1	Name) Lo quadrangle	map the locatio	(Date) on and extent
15.	а.	odrangle Map Provided:  Outline on the U.S.G of the site.	(P. S. topographi	Name) Ic quadrangle e site. (Type	map the location	(Date) on and extent ached sheet.)
15.	а.	Outline on the U.S.G of the site.  Provide a legal description	.S. topographi ription of the Quarte	Name)  c quadrangle  site. (Type  cr, SW	map the location with the map the location attached and location attached and location attached attached and location attached attached and location attached attache	(Date) on and extent ached sheet.) SW Quarter
15.	а.	Outline on the U.S.G of the site.  Provide a legal description.	S. topographic ription of the Quarte , Township	Name) Ic quadrangle E site. (Type Er, SW  38N,	map the location  ewritten on atta  Quarter,  Range	(Date) on and extent ached sheet.)  SW Quarter
15.	a. b.	Outline on the U.S.G of the site.  Provide a legal description of Section 32  Provide State Plane (	S. topographic ription of the Quarte , Township Coordinates of linate System:	Name) Ic quadrangle E site. (Type Er, SW  38N,  The southwes	map the location  ewritten on attain  Quarter,  Range 8w  st corner of the	(Date) on and extent ached sheet.)  SW Quarter e site, using
	a. b. c.	Outline on the U.S.G of the site.  Provide a legal description of Section 32  Provide State Plane Coord	S. topographic ription of the Quarte , Township Coordinates of dinate System: ast, 1,841,600 (Flood Plain,	Name)  c quadrangle  site. (Type  r, <u>SW</u> 38N ,  the southwes	map the location  ewritten on attain  Quarter,  Range  St corner of the stheomorphisms  the of origin,	(Date)  on and extent  ached sheet.)  SW Quarter  e site, using  (X) east zone () west zone

В,

- 17. Plot the following information on the U.S.G.S. quadrangle topographic map, if within or adjacent to the site:
  - a. Wells (domestic, industrial, etc.)
  - b. Public water sources (wells, streams, etc.)
  - c. Residences or residential areas, commercial facilities, sewage treatment facilities, industries, institutions, etc.
  - d. Other pertinent facilities not shown on topographic map such as diverted streams, strip mines, ponds, etc.

If scale of quadrangle map is not sufficient, show the above items on a separate topographic map (See Part V-A-27).

# PART III - CHARACTER, SOURCE, AND WEIGHT OF WASTE

### A. WASTE CHARACTER

В

				yd/mos Gene					
	including wood, cardboard, scrap metal, plastics, paper. No garbage or hazardous wastes.								
		Miscellaneous Industrial Accounts (Ave. 15) - 900 cu yd/mo - General							
		efuse includir Azardous waste		rd, scrap metal	. plastics,	paper. No			
				General constr	uction refu	se from local			
	contractors.								
		·	· · · · · · · · · · · · · · · · · · ·		<del></del>				
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		*		ste from each so each week of op		-			
SOUR	Indicate the e	uring each day		each week of op		-			
	Indicate the ewill handle doperation; or SCURCE	uring each day other appropr	of operation;	each week of op od.	OTHER INTERVAL	(INTERVAL)			
	Indicate the ewill handle doperation; or SCURCE	uring each day other appropr	of operation; riate time perio	each week of opod.  YEARLY Wt.	OTHER INTERVAL	(INTERVAL)			
	Indicate the ewill handle do operation; or SCURCE  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	other approprious DAILY Wt.  135 cu yd	y of operation; ciate time period  WEEKLY Wt.  3200 cu yd	each week of opod.  YEARLY Wt.	OTHER <u>INTERVAL</u> (est. densi	(INTERVAL)  Lty is 750 lbs cu yd.			

hereby affirm that all information contained in this Appliacourate to the best of my knowledge and belief.	
Signature of Applicant: By Joury Horny (Pre	$\frac{1}{2}$ $\frac{1}$
Attest: Elyd Elonover	(Date)
Signature of Engineer: James Oug las Curku	(Date)
Illinois Reg. No.: 62-30873	· <del></del>
Attest South & Concer	(Date)
	(SEAL)
Signature of other person, technical and non-technical, contained in the submittal.	
(Signature)	(Date)
(Reg. No., Position, Title, etc.)	(SEAL)
(Signature)	(Date)
(Peg No Position Title etc.)	(SEAL)